

**GOVERNOR'S EMPLOYEE SAFETY AWARD (GESA) NOMINATION FORM**

Award Category (Select one)	<input type="checkbox"/> Group	<input type="checkbox"/> Individual
Calendar Year     2006	Agency	

Nominee Name (as it should appear on the certificate)	Working Title (see Group attachment)	Classification ( <b>must attach specific duty statement(s), not State Personnel Board job specifications</b> )
Work Mailing Address (include department, division, or office)	Work Number	Email Address

**Summary of Contributions** - Provide a summary of the actions or project in 150 words or less describing the nominee's contribution to safety. Include specific data, documentation, and statistics that demonstrate the significance of the nominee's achievement. Include information such as the specific actions the nominee performed and how these actions remarkably and/or extensively improved safety in the workplace. Provide statistical information to support any measurable impact on the safety program, (e.g. reduction in workplace injuries, reduction in number of accidents, etc.). **Refer to documentation requirements in attached guidelines. Summary will be published in the GESA Program brochure. An electronic copy of the summary will be requested as a Word document if nomination is approved.**

**Provide further explanation if the following information is not answered in the Summary of Contributions shown above.**

- Was the action or project completed in the 2006 calendar year? Yes ☐ No ☐
- Is this nominee or group directly responsible for safety or health programs? Yes ☐ No ☐
- Was this action or project completed outside the nominee's regular job duties? Yes ☐ No ☐
- Did this action or project take place during the course and scope of employment? Yes ☐ No ☐
- Has this action or project been considered previously for an award (GESA, departmental, merit, other)? Yes ☐ No ☐
- Explain outcome.
- Supporting documentation and Duty Statement(s) attached? Yes ☐ No ☐

**EXPLANATION**

Departmental Contact (Print Name/Title)	Mailing Address	Work Number	Email Address
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Departmental Approval (Printed Name and Title) <b>Signature of department/agency head or their designee (Director, President, Warden, Superintendent, etc.)</b>	Work Number	Email Address
Signature	Date	

*(Over)*

**GOVERNOR'S EMPLOYEE SAFETY AWARD NOMINATION FORM**  
**GROUP NOMINATION ATTACHMENT**

Group Name (as it should appear on the certificate)	
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Total number of individuals in the group:	
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